

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4137

**63-032366**  
STATE FILE NUMBER

**FILED AUG 28 1963**

**1. PLACE OF DEATH**

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Kansas City**

Length of stay in 1b

1 day

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **General Hospital**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY OR TOWN **Kansas City**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**1318 Highland**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First **Gracie**

Middle

**Montgomery**

Last

4. DATE OF DEATH

Month

Day

Year

**May 31, 1963**

5. SEX

**Male**

6. COLOR OR RACE

**Negro**

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**5-30-63**

9. AGE (last birthday)

IF UNDER 1 YEAR  
Months 1 Days 1 Hours 1 Min. 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

**Kansas City, Missouri**

12. CITIZEN OF WHAT COUNTRY

**USA**

13a. FATHER'S NAME

**Unknown**

13b. MOTHER'S MAIDEN NAME

**Gracie Mae Montgomery**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Gracie Mae Montgomery 1318 Highland**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Immaturity**

INTERVAL BETWEEN  
ONSET AND DEATH

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour 5 s.m. 30 Month, Day, Year 5-31-63

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

**5-30-63**

to

**5-31-63**

and last saw her alive on

**5-31-63**

Death occurred at

**1:34 A**

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

**2400 Cherry**

22c. DATE SIGNED

**6-6-63**

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

**5-31-63**

23c. NAME OF CEMETERY OR CREMATORY

**Univ. of K.C.**

23d. LOCATION (City, town, or county)

**Kansas City Mo.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Dr. J. E. Herbertson**

**Univ. of K.C.**

25. DATE RECD. BY LOCAL REG.

**7-23-63**

26. REGISTRAR'S SIGNATURE

**Ruth Long**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

Dr. Frank Ellis MEDICAL CERTIFICATION

VS 300  
Rev. 4/59  
1  
2 3/68  
3  
4 2  
5 0  
6  
7 0  
8 2  
9776X  
10  
11  
12 57-0  
13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED-EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.